



# State of Arizona – Secretary of State Jan Brewer

## VOTE COUNT VERIFICATION COMMITTEE APPLICATION

Secretary of State's Office  
1700 W. Washington Street,  
7th Floor  
Phoenix, Arizona 85007

To apply:

1. Fill out this application completely.
2. Attach a statement explaining why you are interested in serving on the Vote Count Verification Committee.
3. Attach your resume to the statement and application. Applications must be mailed or hand delivered to the address (left) **by Aug. 11, 2006.**

Secretary of State Use Only  
Do not write or staple in this space

Applications that do not include the required resume and statement of interest will be considered **INCOMPLETE** and will not be considered for nomination.

PLEASE PRINT & FILL OUT YOUR APPLICATION COMPLETELY.

### Section 1. GENERAL INFORMATION

Last Name	First Name	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Spouse's Last Name	Spouse's First Name	Spouse's Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Home Address		City	State	Zip Code
County of Residence	Resident of Arizona Since	Home Phone (include area code)		
Employer Business Name		Your Title	Business Phone # (include area code)	
Employer Address		City	State	Zip Code

### Section 2. EDUCATION (If necessary, attach additional information to this application)

Name of Institution	Institution Location	Year Diploma Received	Degree Received
Name of Institution	Institution Location	Year Diploma Received	Degree Received
Name of Institution	Institution Location	Year Diploma Received	Degree Received

### Section 3. REFERENCES (Please list three references, personal and/or professional)

1	Last Name	First Name	Phone # (include area code)	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal
	Reference's Employer	Reference's Position or Title	Reference's e-mail address (if available)	
2	Last Name	First Name	Phone # (include area code)	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal
	Reference's Employer	Reference's Position or Title	Reference's e-mail address (if available)	
3	Last Name	First Name	Phone # (include area code)	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal
	Reference's Employer	Reference's Position or Title	Reference's e-mail address (if available)	

### Section 4. COMMUNITY SERVICE & AFFILIATIONS, AWARDS, HONORS & RECOGNITION

List **ALL** professional, public, political and community service activities, honors, awards and other forms of recognitions for **AT LEAST** the past five years. Include dates of service and indicate **ALL** offices held in any organization. (Provide attachment if necessary).

**Section 5. AFFIRMATION OF ELIGIBILITY (if attachment is necessary, refer to section no. and corresponding question no. on attachment)**

1	Are you committed to serving on the Vote Count Verification Committee in an honest, independent and impartial fashion and to seeking to uphold public confidence in the integrity of the electoral system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Are you committed to attending all Vote Count Verification Committee meetings in their entirety?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you been affiliated with or received any income in the preceding five years from any person or entity that provides election equipment or services in Arizona?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you are ineligible to serve on this Committee?
4	Have you been continuously registered for at least the past two years with the same political party or as an independent? Indicate political registration for the past five years:	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, attach explanation
5	Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to the Vote Count Verification Committee?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation
6	Are you now an officer, director, or majority stockholder, or otherwise engaged in the management, of any business enterprise? If so, give details by attachment, including the name of the enterprise, the nature of the business, the title or other description of your position, the nature of your duties and the term of your service.	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation
7	If your parents, siblings, spouse or children are employed or engaged in any business or profession, state (by attachment) their names and the name and address of their employer of the business in which they are engaged.	<input type="checkbox"/> See attachment <input type="checkbox"/> N/A
8	Have you filed your state or federal income tax returns for all the years you were legally required to file them?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, attach explanation
9	Have you paid all state, federal and local taxes when due?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, attach explanation
10	Have you ever violated a court order including but not limited to an order for payment of child support or spousal support?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation
11	Have you ever been expelled, terminated, or suspended from employment, or any school course of learning on account of plagiarism, cheating, or any other "cause" that might reflect in any way on your integrity?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
12	Are you, in any jurisdiction, currently charged with or have you ever been arrested for, convicted of or pleaded guilty to any felony, misdemeanor, or violation of the Uniform Code of Military Justice?	<input type="checkbox"/> YES <input type="checkbox"/> N/A If yes, attach explanation
13	If you performed military service, please indicate (by attachment) the date and type of discharge. If other than honorable, please explain.	<input type="checkbox"/> YES, I was discharged <input type="checkbox"/> N/A If yes, attach explanation
14	List and describe, by attachment, any litigation involving an allegation of fraud in which you are or were a defendant.	<input type="checkbox"/> YES, I was involved in litigation <input type="checkbox"/> N/A
15	During the last five years, have you unlawfully used controlled substances, narcotic drugs or dangerous drugs as defined by state and federal laws? (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by federal law provisions.)	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
16	In the past year, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended or terminated by an employer as a result of your alleged consumption of alcohol, prescription drugs or illegal use of drugs? If so, state by attachment the circumstances under which such action was taken, the name(s) of any persons who took such actions, and the background and resolution of such action.	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
17	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, state the date you were requested to submit such a test, type of test requested, the name of the entity requesting that you submit to the test, the outcome of your refusal and the reason why you refused to submit to such a test.	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
18	Within the last five years, have you ever been formally reprimanded, demoted, disciplined, placed on probation, suspended or terminated by an employer? If so, state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
19	Have you ever been a party to litigation alleging that you failed to comply with the substantive requirements of any business or contractual arrangement, including but not limited to bankruptcy proceedings?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details by attachment
20	List by attachment all elected or appointed offices, which you have held and/or for which you have been a candidate, and the dates.	<input type="checkbox"/> See attachment <input type="checkbox"/> N/A
21	Provide any additional information relative to your application or qualifications you would like to bring to our attention at this time.	<input type="checkbox"/> See attachment <input type="checkbox"/> N/A

The candidates **must meet** the following criteria per Arizona Revised Statute:

22	The candidate shall have expertise in any two or more of the areas of advanced mathematics, statistics, random selection methods, systems operations or voting systems. Do you have an expertise in two or more of these areas? If so, please list here: _____ . If no, do not submit this application for consideration.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Please attach a brief explanation of why you believe you have an expertise in two or more of the areas of advanced mathematics, statistics, random selection methods, systems operations or voting systems.	<input type="checkbox"/> See attachment
24	The candidate shall be committed to serving on the Vote Count Verification Committee in an honest, independent and impartial fashion and to seek to uphold public confidence in the integrity of the electoral system. Are you willing to enforce the Act under this criteria? If no, do not submit this application for consideration.	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	The candidate shall not be affiliated with or received any income in the preceding five years from any person or entity that provides election equipment or services in Arizona. Do you meet these criteria? If no, do not submit this application for consideration.	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Section 6. SIGNATURE OF APPLICANT

### BY SIGNATURE OF THIS APPLICATION:

If appointed to the Vote Count Verification Committee I agree to serve in a non-partisan and neutral manner and act at all times in the best interest of the State of Arizona.

I have reviewed the statutory requirements governing the Vote Count Verification Committee and attest that I meet those requirements.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you.

I understand that the Secretary of State, who reviews my application, may or may not conduct an interview or may make her decision based on my responses to this application and any due diligence.

The statements contained in this application are true and correct to the best of my knowledge.

Signature of Applicant:	Date:
-------------------------	-------

State of Arizona )  
County of \_\_\_\_\_ ) ss.

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public

Please remember to have this application notarized and attach all documents relative to this application when presenting it for consideration to Secretary of State Jan Brewer.